

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**  
 05-14-2002 90043 018 \*\*\*\*61.25

**DOCUMENT # N01000006271**

1. Entity Name

**SUNDAY AFTERNOONS OF MUSIC FOR CHILDREN INC.**

Principal Place of Business

Mailing Address

**8138 SW 83RD STREET  
 MIAMI FL 33143**

**8138 SW 83RD STREET  
 MIAMI FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**31-1816644**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBERTS, LAWRENCE J ESQ.  
 777 BRICKELL AVENUE  
 SUITE 620  
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name

**BYRON A. KRULEWITCH**

Street Address (P.O. Box Number Not Acceptable)

**8138 SW 83RD STREET**

City

**MIAMI**

FL

Zip Code

**33143**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**BYRON A. KRULEWITCH**

(NOTE: Registered Agent signature required when reinstating)

**4/24/02**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD MARX, DOREEN	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8138 SW 83RD STREET MIAMI FL 33143	
TITLE NAME	STD KRULEWITCH, BYRON	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	8138 SW 83RD STREET MIAMI FL 33143	
TITLE NAME	VD ROBERTS, SUZANNE S	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	7191 SW 99 STREET MIAMI FL 33156	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP		

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

CR2E037 (9/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental reports is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like information.

SIGNATURE:

**BYRON A. KRULEWITCH Sec/Treas**

**4/24/02 305-274-3007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR